

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS198AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2008
NAME OF PROVIDER OR SUPPLIER GOLDEN HOME CARE 1		STREET ADDRESS, CITY, STATE, ZIP CODE 2709 BRADY AVE LAS VEGAS, NV 89101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted in your facility on 6/5/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 10 beds.</p> <p>The facility had the following category of classified beds: Category 2 beds.</p> <p>The facility had the following endorsements: Residential facility for the elderly or disabled persons; Residential facility for persons with chronic illnesses; Residential facility for persons with mental illnesses.</p> <p>The census at the time of the survey was 9.</p> <p>Nine resident files were reviewed and 3 employee files were reviewed.</p> <p>One complaint was investigated during the survey: CPT #NV00015164 Substantiated (Tag Y0876)</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1	Y 000		
Y 103 SS=F	<p>The following regulatory deficiencies were identified:</p> <p>449.200(1)(d) Personnel File - NAC 441A</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: Sec. 10. NAC 441A.375 is hereby amended to read as follows:</p> <p>441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed</p>	Y 103		

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Y 103	<p>Continued From page 2</p> <p>in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be</p>	Y 103		

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Y 103	<p>Continued From page 3</p> <p>offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis (TB).</p> <p>Based on interview and record review the facility failed to ensure the signs and symptoms TB screening was completed for 1 of 3 employees (#3)</p> <p>Findings include:</p> <p>Employee #3 was hired on 3/2/04. The file lacked documented evidence a TB signs and symptoms screening checklist was completed. A chest x-ray completed 7/10/06 (showing no signs of TB), was the most recent TB documentation in the file.</p> <p>The Administrator was in agreement the proof of the TB screening was not in the file.</p> <p>Severity: 2 Scope: 3</p>	Y 103		
Y 870 SS=D	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration	Y 870		

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Y 870	<p>Continued From page 4</p> <p>NAC 449.2742</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:</p> <p>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:</p> <p>(1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to have the resident's medication reviewed by a physician, pharmacist or registered nurse at least once every 6 months for 2 of 9 residents (#6, #7).</p> <p>Findings include:</p> <p>Resident #6 was admitted to the facility 3/22/07. There were no medication reviews available in the record.</p> <p>Resident #7 was admitted to the facility 8/13/07. There was no medication review available in the record.</p> <p>The administrator reported Mental Health did not give them to her.</p> <p>Severity: 2 Scope: 1</p>	Y 870		

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Y 876 SS=D	<p>449.2742(4) NRS 449.037</p> <p>NAC 449.2742</p> <p>4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure an ultimate user agreement was signed for 1 of 9 residents (#1).</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on 10/20/05. The record lacked documented evidence a signed ultimate user agreement that authorized the facility to administer medications to the resident.</p> <p>The Administrator was unable to provide the authorization to administer medications.</p> <p>Severity: 2 Scope: 1</p> <p>CPT #15164</p>		Y 876		

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